Panaro, Nancy (HCF)

From: Smith, Paul (HCF)
Sent: Thursday, May 27, 2010 11:44 AM
To: Peach, Corine (HCF); Kaufman, Susan (HCF); Panaro, Nancy (HCF); Joo, Young (HCF)
Subject: FW: Written Comments for Submission concerning APCD Guidelines
Importance: High

Hi Everyone,

Below are the written comments from Health New England regarding APCD.

Thanks,
Paul

From: Ross, Steve
Sent: Thursday, May 27, 2010 11:27 AM
To: 'Smith, Paul (HCF)'
Cc: Pulavarti, Lalita (HCF)
Subject: Written Comments for Submission concerning APCD Guidelines

Paul,

I am including Lalita on this email in the event you are not immediately available and, with a holiday weekend coming up – if I don't do this today there may be no one available.....

You had mentioned that I could submit (in response to my asking, of course) comments on the process. I have also searched the web for a way to comply with the statement from the link below that "Written testimony may be submitted through May 28". I have find no information on how/where to do that.

If you could forward these comments to whoever may handle the public written comments for the APCD Guidelines as indicated on the web page:
http://publichealth.blog.state.ma.us/2010/05/regulations-governing-the-apcd.html
The following are comments in response to the APCD Data Submission Guide (Final Draft 4-4-2010)

These comments have been part of discussions between HNE and the Commonwealth HCF per a conference call earlier this week, and other discussions, emails, etc. which is to say, the views have been expressed, discussed and are currently taken under consideration. We would just like some of these points to be submitted as part of the public comment period.

These comments are technical and implementation scheduling related:

The product ID file: The definition for product id is a single field. Our product that we provide to our groups/members contains a Medical coverage component and a Pharmacy coverage component. They may (or may not) have a number of choices for each type to choose from. It would be simpler if the product id had a field to differentiate a Medical component and a second field for the pharmacy component. This may be accomplished in the **product file** by either having two fields, one for medical and one for pharmacy, in which only **one** component is filled in or it could be accomplished in a pair of fields in which the medical or pharmacy component, i.e. just one of each per record, is stored in a field and a second field identifies whether it is a medical product or a pharmacy product. This assumes that a payer does not have a Medical component that happens to have the same component id as the pharmacy component, i.e. if a payer has a product that cannot be broken out into those categories.

The record layouts in themselves are not always enough to convey the full intent of the design. For example, in

the case of product id, I could have easily prefixed the field with the employer group (division) id. This would generates many product records in the case of our full funded product, but not so much in the self funded area where the products tend to be uniquely defined for the employer group.

On the matter of the deadline of October for completion, there is an implicit assumption that testing must be done prior to that date. Ignoring the fact that the timeline between the final definitions and the deadline appear short, we are quickly approaching June 1 and it is not unreasonable to assume that testing will begin 60 days prior to implementation. That leaves us with 60 calendar days to determine project and staffing requirements. The nature of the economy, competition to keep costs down and the current requirements from the Federal Health Care Reform Act, mandated Medicare Secondary Payer which implements July, implementing our Medicaid product line for July, not to mention other government requirements and mandates. There are future mandated projects on the table for future design revisions for MSP such that implemented projects do not assume that the project is closed. All these tasks beyond are beyond our regular defined tasks of satisfying our company's mission statement while sustaining our business, growing our membership and products, providing ultra-high customer satisfaction, enhancing technology and keeping a lean work force. The cost and risk increase if we contract the work to a third party with less or no knowledge of our business.

It would be prudent to let the deadline slide until a consensus of good test results for most payers is achieved then allow the payers to backfill the data – the latter you are going to do anyway going back to 2008. At issue is whether the data base conversion scheduled at your end for October needs to eliminate the previous/current functioning data base. The issues to be discussed at your end are disc space, dual yet different systems and what to do in between. The other option is to continue as is with the current deadline with the understanding that the Commonwealth may not have good data/visibility/analysis for a couple months or more and notify payers that they can catch up as they are able. This implies that payers cannot send data into the new data base until coding/testing is completed and will backfill the void eventually.

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